

Case Number:	CM14-0027945		
Date Assigned:	06/20/2014	Date of Injury:	03/03/2011
Decision Date:	08/20/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31-year-old female who reported an injury on 03/03/2011. The mechanism of injury was not stated. Current diagnoses include right trigger thumb and status post right cubital tunnel release on 02/04/2013. The injured worker was evaluated on 03/05/2014 with complaints of pain overlying the plate and the ulna. In addition, the injured worker reported ongoing pain and locking of the right thumb. Physical examination revealed tenderness over the subcutaneous region of the ulna, with triggering of the right thumb. Treatment recommendations included authorization for a plate removal and release of the trigger thumb.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Removal of osteotomy plate at the right ulna, as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & hand Chapter, Hardware implant removal (fracture fixation).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Official Disability Guidelines state hardware implant removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Ulnar shortening osteotomy plates are frequently removed as they are often symptomatic due to the very superficial positioning. Based on the clinical information received, the request is medically necessary.